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INDIAN DISEASES AND REMEDIES.

[THE following remarks relate to the diseases which occurred at the Indian Establishment at Great Manitoulin Island, Lake Huron, from August, 1841, to December, 1842, and are appended to a return of the sick there, during that period, by Dr. Darling, the medical officer of the Indian Department.]

Toothache.—Creosote generally affords temporary relief, but the majority return for extraction. Acute rheumatism is rare, but one of the cases was exquisitely marked. The chronic form is exceedingly common, and always benefited by stimulating remedies. Neuralgia, in various degrees of severity, is far from unfrequent here, often in its highest degree—tic, almost always periodic; arsenic more useful than quinine. Abscess of vagina occurred in an elderly white woman; sufferings were severe. Her mingled stupidity and modesty prevented an early discovery of their cause. A touch of the abscess lancet set all to rights. Dropsy of the head, and spina bifida, a half-breed child. Some relief obtained from a seton; case hopeless, and its death to be desired; it, however, still lives. Dropsy of abdomen, a very rare disease among Indians, the subject an otherwise healthy woman. Complaint removed by the usual remedies, very much to the surprise of herself and friends, who were puzzled to know where the water went to. **Ague.**—Five of these cases occurred in Indians at various periods after their return from Detroit. They were all speedily cured by quinine, &c. (of which they have a very high opinion), aided by the purity of the air of the Island, where no miasm can exist productive of ague, though there is certainly some peculiarity in its atmosphere to which I am inclined to attribute the number of neuralgic cases. The sixth case of ague was the servant of the Commissariat Officer, of great severity; cold stage lasted three hours. Contracted the disease at Amherstburgh some years ago. Bled in the cold stage, took quinine and solut. arsenicalis combined. Had no return for twelve days, when he left the Island. **Wound of Chest.**—Fistulous, the result of a stab in a drunken fray, received five months ago. Under the right shoulder blade is a wound capable of admitting the little finger, and constantly discharging a large quantity of healthy-looking matter, but no air. The wound was inflicted by a large butcher's knife; an immense gush of blood took place on the instant, he fainted, and continued alternately fainting and the wound pouring forth blood for

three days, when it ceased. When seen, he was suffering from hectic fever. He was supplied with good food, and everything was done the nature of the case suggested. At the end of two weeks (when he left the Island, being only a visiting Indian), confident hopes were entertained of his restoration to health. *Hypochondriasis.*—A white woman, appears to have been caused by the shock she received from a friend of hers, in an adjoining house, committing suicide under appalling circumstances. Sent to her friends for change of scene, &c. *Diseased joints.*—Almost always treated by rest, starched bandage, caustic issues, and a firm roller, and some preparation of iodine internally. *Retention of urine.*—Nothing tickles the fancy of both patient and spectator more than the introduction of the catheter. The sight, however, of a large-sized one rather alarms. *Hooping cough.*—No note of these cases, as they are generally mild, seldom requiring more than an occasional emetic, and a flannel shirt, if it can be obtained. Neither has the number of deaths been given, as it is impossible to procure a correct one; to give those, therefore, of which I have cognizance, would cause such a ridiculous disproportion between the number of cases of disease and the number of deaths, as to lead to the conclusion, either that the practice adopted was unusually successful, or the cases either not what they are denominated, or uncommonly slight in degree. "I suppose you find very little disease amongst the Indian tribes?" is a question which has been put to me over and over again by highly intelligent men, who appear, oddly enough, to suppose that the absence of everything which they themselves consider absolutely necessary to existence—shelter, comfortable clothing, proper and sufficient food, &c.—must ensure to the Indian an immunity from disease and death. From that cause, very few of the human race die of mere old age. Common politeness, or the fear of a broken head, prevent your doubting the sanity of the inquirer, and few men would feel it their duty to suggest to his friends the propriety of a commission de lunatico inquirendo. It is better to assume a moralizing strain, to recall to his recollection that man is born to die, as the sparks fly upward; to point out that in a body of five or six thousand Indians assembled, very, very few old persons are to be seen; to take him to the Indian lodges, in almost every one of which, some one has a complaint begun, continuing, or nearly ending (as is the case in the dwelling of almost every white family in the land), and to assure him that, before nightfall, you will have ample opportunity of proving that a dead Indian is not nearly as great a rarity as a dead ass is in Europe.

[To the above, which is copied from the British American Journal of Medical and Physical Science, Dr. William Winder, of Montreal, has added the following remarks on Indian remedies.]

Although the Indians, being without the advantages of science to guide them in their choice of remedies, and treatment of diseases, derive their principles from mere experience, it is certain that we are indebted to their materia medica for many valuable articles of a vegetable kind; it is as certain that they are frequently successful in their adaptation of

these to complaints of a formidable character. One of the remedies in great use amongst them is the *geranium maculatum*, which many eminent physicians of the United States rank as one of the most powerful vegetable astringents, being principally composed of tannin and gallic acid. In the second stage of dysentery and diarrhoea, after evacuations; in hemorrhages of the alimentary canal; and as a styptic in external bleedings, it rarely fails of giving relief. Its dose is from gr. x. to 3 ss. of the powder, or 3 ss. to 3 j. of a decoction made with rad. geranii, 3 j., aquæ ferventis, ℞ss. With the Indians it is a favorite external styptic, the dried root being powdered and placed on the mouth of the bleeding vessel. It is also much used by them as a wash in leucorrhœa. Internally, in doses of half a teaspoonful in cold water they consider it very efficacious in hæmoptysis, and in this opinion they are fully sustained by Thatcher, Mease, Bigelow and others.

The *xanthoxylum fraxineum*, or prickly ash, is one of the most valuable remedies of the Indians for the cure of rheumatism. It is said to resemble guaiacum in its properties, and is much used by the Americans as a remedy in chronic rheumatic complaints, and particularly in cases of a syphilitic taint. Bigelow says he gave the bark of this shrub in doses of ten and twenty grains with great advantage.

An excellent tonic is the *xanthoriza apifolia*, its composition being principally resin and gum, and the taste intensely bitter. The dose is ℞ij. of the powdered root. The Indians administer it as a diuretic in dropsy, and also use a cold watery infusion for sore eyes.

A favorite and well-known remedy with the Aborigines is the *eupatorium perfoliatum*, having the familiar names in the United States of boneset, crowwort, thoroughwort, &c. Its taste is intensely bitter, with a slight astringency, but no acrimony, and its operation is tonic, sudorific, cathartic, according to the mode of its exhibition. It is given in cold infusion in intermittents, continued fevers, and inflammatory diseases; to produce vomiting and catharsis in hot infusion, and as tonic in substance. In the United States Pharmacopœia, there is an official formula, infusum eupatorii. The natives administer it with good effect in fever, and as a common drink in acute rheumatism, pouring a quart of boiling water on two drachms of the leaves, and drinking about three ounces three times in the day.

The *cornus Florida*, dogwood, is said to differ little in its chemical composition from the Peruvian bark, and Dr. John Walker states, that of all the indigenous tonics, this is the most beneficial in intermittents. Thirty-five grains of dog-wood bark are said to be equal to thirty grains of cinchona. The Indians use a decoction of small branches and buds, in want of appetite and debility of the stomach. It is valued also as a poultice to correct ill-conditioned sores.

The *polygala senega* is too well known to need description. It is much used by the Indians, who give it in cold infusion during the remission of fevers, attended with great prostration of strength, and in diseases of the pulmonary organs. They also esteem it highly in female com-

plaints, and in this agree with Dr. Chapinan, who considers it the most efficacious emmenagogue, and useful in all forms of amenorrhœa.

It is not a little remarkable, that among all the Indian tribes known to Europeans, the production of increased perspiration constitutes one of their principal remedies. A favorite and universal mode of procuring this is, the use of the vapor bath, and the construction of this is similar throughout the different nations of the North West. Mr. Cormack, in the account of his expedition to discover the aborigines of Newfoundland, or Red Indians, says that he discovered, in a deserted village, the remains of a vapor bath. The method used to raise the steam was by pouring water on large stones made very hot. Over these a hemispherical framework, closely covered with skins, was placed to exclude the external air. The patient then crept in under the skins, with a birch-rind bucket of water, and a small bark dish to pour the water on the stones, and thus enable him to produce the steam at pleasure. He remains as long as the heated rocks retain heat sufficient to raise the vapor, when he retires, wrapped in a robe or blanket, and goes to bed. The bath is principally used in rheumatism, dropsy, and the cold stage of fever. Warm sudorific infusions are taken in the bath, and the debility induced is sometimes so great that the patient faints, which, however, followed by proper treatment, generally has a beneficial effect.

I have said that the Indian is guided by experience in his treatment of disease. For example, when suffering from acidity of the stomach, he takes some of the absorbent earths that are found on the banks of the rivers. Bleeding in their inflammatory diseases is also much used. But the simple native of the forest does not employ the former from any knowledge he possesses of the principles of chemistry, nor the latter from any acquaintance with the laws of physiology. We, on the contrary, when a few grains of soda are taken to effect the same object, show our learning, and sometimes our pedantry, by explaining that, as the soda contains an alkaline principle, the acidity of the stomach is neutralized by its administration, and a purgative salt being formed, in some measure, by the combination, the double purpose is thus effected of a corrective and an aperient; whilst the bleeding lessens the momentum of the circulation, and checks inflammatory action. Still the results are the same. The uncivilized man gropes his way in the dark, and though we are led by the light of the lamp of science, each attains his object by the same means. Their remedies must necessarily be simple in ordinary cases, consisting chiefly of warm infusions, powdered barks, roots and leaves. A modern writer states, that, in their febrile diseases, they make the state of the skin and bowels the guide by which to regulate their practice. When the skin is moist for a considerable time, and the thirst ceases, they say there is no danger. When the evacuations from the bowels become less offensive, and change their color, the tongue becoming clean, they stop purging and diaphoresis. If there is great debility, they commence giving tonics, which are commonly bitters. Should these induce costiveness or a return of the fever, evacuants are again had recourse to. There is something so rational, and yet so simple, in all this,

that I hardly think we should find anything to improve upon it in Sydenham or Cullen; and, as the great Boerhaave tells us, that "simplicity is the seal of truth," probably here is as much practical, unsophisticated truth, as will be found in the elaborate treatises of ancient and modern professors.

That they are acquainted with the mode of relieving inward pains by treatment similar to the moxa, is seen by their burning a piece of touch-wood over the pained part, and suffering it to produce a blister. They are also aware of the advantage of relaxing the muscles in dislocations, for in cases where they do not succeed readily, they nauseate the patient to a most distressing degree, and then find very little difficulty in reducing the luxation. Tumors and abscesses are allowed to suppurate, generally, without any application to them. When much inflamed and painful, plasters of bruised herbs, or warm fomenting poultices, are used. If matter forms, they make an incision for its escape, and continue the poultices to promote the discharge.

The subject of Indian diseases and remedies affords much matter interesting to the philosophical inquirer, particularly as to their mode of treating the more formidable complaints of dropsy, rheumatism, syphilis, pulmonary consumption and asthma, in which they are sometimes very successful.

ON THE TREATMENT OF BILIOUS COLIC BY COPIOUS ENEMATA.

By J. S. Paige, M.D., of Oswego, N. Y.

THE case which led to my first essay in this mode of treatment occurred in the summer of 1818, when I was called to attend a man, aged about 35 years, who was laboring under a very severe attack of bilious colic. I pursued the routine of treatment usually followed in such cases, and called to my aid several reputable practitioners of medicine as counsel, and after using various cathartic and emetic medicines, blood-letting, opium, a blister on the abdomen, fomentations, general warm bathing, and oft-repeated enemas for forty-eight hours or more, I found that I had made no progress towards affording my patient even any hope of relief from his almost intolerable condition, when a lucky thought, as it proved to be, came into my mind—that of making a direct application of some degree of pressure upon the constricted portion of the intestine from below, by introducing a large quantity of fluid with a syringe.

I accordingly directed six pints of water, milk, and molasses, which I commenced using with a half-pint syringe—the largest at my command at the time—and after using almost the whole of the liquid on hand, the patient began to complain of increased pain and pressure at the point of obstruction, and desired me to desist; but when I made known to him my plan of operations, and that this afforded him the only hope of relief, as I believed, he patiently submitted to my wishes to retain the fluid and allow me to make a little firm pressure therewith on the con-

striction for a few minutes, which I did, and on withdrawing the syringe, I, as well as the patient, had the great satisfaction to find that the object of our most earnest desires was accomplished; for copious discharges of fecal matter took place in a very short time, and an almost immediate relief was the result, only a considerable degree of tenderness and some fever remaining, which however soon subsided by the use of mild laxatives, diaphoretics, &c.

Two or three weeks afterwards the same individual had another attack of the same disease, from his own imprudence. I commenced the treatment by overcoming the obstruction in the same way as at first, which succeeded in a very few minutes in giving relief; three quarts of fluid also were used on this occasion.

The success of this plan in these two cases induced me to commence the treatment of similar cases in the same way, and it has been the uniform mode of my treatment ever since (except in one case of a female where delicacy required a short trial of the ordinary means and which were soon successful in that case), and I have never failed in affording speedy relief in any case.

In two cases occurring in another individual, I found it necessary to use six quarts each time before relief was obtained; but I have never found it necessary to introduce more than about three quarts in any case, except in the ones last mentioned.

Since the compound syringe has been introduced into use, we are enabled to force liquids into the intestines with more facility than with the common syringe, and therefore whenever it becomes necessary to use large quantities in this way for any purpose, we have more efficient means of doing it at our command.

The quantity of fluid to be used in these cases must be measured by the demand of each individual case, and the directions I would give for securing the object in view, are, to introduce, on our first arrival at a case of this kind, a quantity of mild liquid, such as warm water, or warm water mixed with molasses, or some mucilaginous fluid, slowly and steadily till the obstruction be reached, and then to keep the instrument, in situ, a few minutes, and make a gentle but firm pressure with the liquid upon the constriction, for if this precaution be not observed, we may fail of affording the relief we so much desire.

After the bowels are evacuated, and the obstruction overcome, some mild laxative should be given to gently move the bowels, and this will generally finish the work; and for this purpose a dose of olive or castor oil, I suppose, will be as good as anything, unless the disease depended on a derangement of the liver, as is often the case, and then more active medicines should be used, at the discretion of the physician.

Some of the considerations which urge me to recommend this mode of treatment are, that relief may be more promptly and surely obtained than by any other method, for although other means may act in time, there must necessarily be some delay, if they be not rejected by vomiting, which usually attends this disease.

Great certainty and promptness, these are strong recommendations

in favor of the mechanical treatment, and from what I have seen, I feel very confident that it will succeed in almost all *curable cases*, if seasonably applied, and there is perfect safety also to recommend it, if used with reasonable caution. The use of large injections may serve other valuable purposes—they may be resorted to in removing intestinal concretions, hardened feces in obstinate constipation, in reducing intussusception of the bowels, perhaps in removing worms in some cases, also in irritated conditions of the mucous membrane, in dysentery or other inflammations, and in some cases of poisons in the bowels.

From the great extent of the digestive and absorbent tube and its many diseases, I think it not improbable that much may be done by large injections as media of conveying medicinal agents where they may be directly applied in the treatment of diseases in that canal.—*New York Journal of Medicine*.

ENLARGED TONSILS, REMEDIED WITHOUT THE KNIFE.

By S. B. Phillips, M.D.

Mr. ——— called on me, and stated that one of his children had an enlargement of the tonsils, to such a degree as to amount almost to suffocation. He was often awakened during the night, by the noise of his breathing, and obliged to change his position to enable him to breathe with more freedom. He informed me that he had consulted his family physician, who attempted to remove them, by an instrument for that purpose; but the lad was so unmanageable that he could not succeed.

He wished to know if there was not some other method of relief, besides cutting; stating, at the same time, that he was discouraged respecting an operation, since the attempt of the doctor had failed, by some of his friends, who, residing eastward, had had several of their children operated on in Boston, for the same cause, which failed of affording a permanent cure, as they grew again to their former size, giving origin to the same impediment to the respiration. They advised him not to have the operation performed, by any means, though the lad should make no resistance. I informed him that other methods had succeeded in removing such difficulties, and that it was possible something might be done to relieve his child, without an operation.

On examining the tonsils I found them very much hypertrophied, meeting each other, apparently filling the fauces entirely. Their enormous size rendered it almost improbable that they could be reduced without cutting. Nevertheless, I applied *argenti nitras*, in the solid state, for several days, and directed the iodide of potassium, as freely as the stomach could bear. They soon began to diminish, and permit him to breathe with comparative ease; and ere long they were reduced to such a size as to be of no inconvenience whatever. About two years have now elapsed since the treatment, without any return of the difficulty. There is no doubt but that the alterative treatment prevented the return of the disease, as the patient was of a strumous diathesis, while the

caustic served to reduce the size more immediately, than would otherwise have taken place; though it is probable, the administration of iodine would in time have reduced their size, without any other means.

The mere cutting of these bodies, does not change that condition of the system which *first* caused their enlargement, consequently it often proves an immediate relief only, but not a cure; because they are often found to grow again. The dread parents feel, of having their children cut; the danger of the operation, in consequence of the proximity of the internal carotid artery; the restlessness of children, rendering it often impossible to perform the operation; and the frequent failure of a permanent cure by an operation, *per se*, are sufficient to condemn the operation in *most* cases; especially in patients of a scrofulous diathesis, which is almost universally the case.

Though this operation is comparatively trifling, yet there are others of greater magnitude, and of more consequence to the patient, which have been performed, when other means might have prevented the maiming of our fellow creatures, and as far as life was concerned, proved equally *conservatory*. The idea is indeed painful, that there have been multitudes of human beings, whose limbs have been sacrificed to the knife, which might have been saved by the use of more simple and less painful means. —*New York Medical and Surgical Reporter*.

A NEW PROCESS IN EUDIOMETRY.

By M. Lassaigne.

SINCE the discovery of the component parts of the air, many methods have been employed by chemists to discover the relative volume of the constituent parts of this elastic fluid. The processes generally resorted to in laboratories, are all founded on the absorption of oxygen by various simple and compound bodies, whether at the ordinary temperature of the air, or by exciting the action, by caloric or electricity. In this manner the solution of sulphuret of potassium was formerly used, and afterwards phosphorus, hydrogen, and the binoxide of nitrogen have been employed, and of late years the proto-sulphate of iron, decomposed by potassium, has been recommended.

Dumas and Boussingault, by submitting air to the action of copper in a state of division, and heated to a dull red heat, has latterly produced an important modification which enables us to estimate, by weight, the oxygen and nitrogen which exist in the air, instead of calculating the volume of each of these gases, as was the case in old eudiometrical experiments.

In performing experiments, latterly, with proto-sulphate of iron, according to the directions of M. Dupasquier, and repeating the process he pointed out and published, we were led to adopt a test well known to chemists, but which, so far as we know, has never been applied to the analysis of air.

This method is founded on the readiness with which copper divided

into thin tables becomes oxydized in contact with the air, in the presence of liquid ammonia, and on the formation of a blue ammoniuret of deutoxide of copper.

Many successive experiments having shown us that this test, acting in a limited volume of air, in a very short time completes the total absorption of the oxygen contained in it, leaving the nitrogen free, we were induced to think of the application of this property to the analysis of the air; and the result has been what we expected.

The application of this new method is extremely simple, and it requires the employment of no peculiar apparatus. A common graduated tube 14 to 15 centimetres in length, and 12 millimetres in diameter, and a small phial with a ground-glass stopper, containing 30 to 35 cubic centimetres, are the only vessels necessary.

The process consists in introducing into the phial from three to four grammes of copper turnings, then pouring in distilled water until the phial is half full, and afterwards filling it with a concentrated solution of ammonia. The bottle, thus completely filled, is closed with its glass stopper, and inverted in the water trough, taking care that the copper turnings do not rest on the orifice of the bottle. This first disposition being arranged, you measure a volume of air in the graduated tube filled with water, and by means of a small glass funnel it is passed into the bottle, which has been uncorked under water. This being done, the mouth of the bottle is immediately closed, and it is taken out of the pneumatic trough, and shaken incessantly for eight or ten minutes. In less than a minute or two the ammonia is seen to assume a bluish tinge, which becomes gradually darker, as the ammoniuret of deutoxide of copper is formed. This blue tint assumes its maximum of intensity when you operate on from 15 to 20 cubic centimetres of air, it then becomes gradually fainter, when all the oxygen of the volume of air on which you operate has been absorbed; this gradual loss of color, which points out the close of the operation, is due to the action of the copper, in excess, on the ammoniuret of the deutoxide, which is converted into colorless ammoniuret of protoxide.

When we have arrived at this point of the experiment, the gaseous residue is passed into the graduated tube for the purpose of measuring it, taking the precautions requisite in these kinds of operations. In the various experiments we have made, by employing the method we submit to the notice of chemists, the gaseous residue, after having been subjected to the action of copper and ammonia, contains no trace of oxygen; for if phosphorus be introduced to detect it, it gives out no phosphorescent light in darkness, nor does it produce any diminution of its volume.

The volume of the nitric gas determined by this process, has always been two or three tenths of a degree greater than that obtained by the action of phosphorus upon the air. The proportion has been 79 : 792.2. The later number deduced from our experiment, comes very near 79.17, which MM. Dumas and Boussingault have deduced from the most laborious analysis of the air.

When analyzing an artificial mixture, composed of 41.5 air, and 57.5

nitrogen, in which the proportion of nitrogen is necessarily increased to 90.2, the new method indicates 90 of nitric gas.

The simplicity of this operation, and the short time in which it can be performed, will enable us, without doubt, to employ it in various cases.—*Chemist, from Comptes Rendus.*

THE PERIODICAL PHENOMENA OF MAN.

[Communicated for the Boston Medical and Surgical Journal.]

THE Committee of the National Institute, to whom was referred the letter of M. Quetelet and the pamphlet of M. Schwaun, relative to the periodical phenomena of man, respectfully report:—That they have attentively read the articles, and consider the subject well worthy of the attention of the National Institute. Many facts relating to the periodical phenomena of nature may be gleaned from medical books, journals, and statistical tables, but a concentrated body of facts derived from an extensive and accurate observation, in different quarters of the globe, is a great desideratum, which these scientific gentlemen wish to supply, and in which learned societies and individuals should coöperate. Your committee have made a synopsis of the contents of M. Schwaun's pamphlet, which they herewith submit, and they respectfully recommend that it be laid before the "Committee appointed to write a Circular," with instructions that they call the attention of other societies, the managers of hospitals, and the friends of science generally, to the subject, and if possible induce them to institute the observations therein suggested. THE COMMITTEE.

Instructions for Observations on the Periodical Phenomena of Man.—After speaking of the advantages of these observations, the author divides the subject into two parts:

1st. Periodical phenomena, that is, such as are repeated at absolute epochs, after a certain number of years, days, hours, &c.; for instance, diseases which recur every winter.

2d. Phenomena, the manifestations of which are confined to a determinate epoch of life—as the age of puberty.

There are phenomena which belong to both classes. Death depends, without doubt, upon age, and it would seem that it should be arranged under the second class of phenomena. But, on the other hand, death depends, also, upon the seasons, as the number of deaths is not the same at all seasons; in this point of view it should be comprised in the first class, &c. They are arranged in the 1st or 2d class according to their more or less manifest dependence upon an absolute or relative epoch.

1st. Periodical phenomena, which recur after absolute epochs, may be divided into those which have an annual and those which have a daily type. But, generally, their number is very limited.

The influence of seasons may be remarked in those where production depends principally upon the epoch of life; for example, by a great number of deaths in a certain season.

These are not phenomena which are renewed, in each individual, every year, regularly, as we find with many animals, where these phenomena are less marked : it is necessary to examine a whole population, that is, to recur to statistics, to recognize this influence in a precise manner. Man is certainly less subject to the influence of exterior agents than other animals.

The principal annual, periodical phenomena of animals are, "le rut" (prurience), migration, moulting, hybernation, torpor, &c. Analogous phenomena are not found in man. There is in spring, at least in our climate, a kind of awakening of all the forces of organism; but it is difficult to verify it by positive facts. For the sexual function, the number of births at different periods of the year, furnish means of calculation, &c.

It may then be seen if this period be the same every year, or if it have variation; if the latter, we may judge whether these variations are produced by meteorological phenomena, or upon what other circumstances they depend.

What is said of man's being independent of the action of the seasons, in health, is not applicable in a state of disease. Every season and every change of meteorological condition produces a particular kind of disease. There is, also, a circle of diseases which recur regularly every year, and the diseases which occur in all seasons, present, often, shades of difference which are the effect of the season in which they occur. There are, moreover, diseases that enter into the observation of the periodical phenomena of man. The records of hospitals furnish, on this point, valuable data. It would be expedient that extracts in sufficient detail, were published, annually, in all the hospitals, &c.

As hospitals contain, usually, but a certain class of diseases, the notes of private practitioners, especially country physicians, would be of great importance. These physicians should communicate journals of their practice, at the end of each year—state the diseases, remedies, &c. Thus M. Francois has remarked a type of three or four years in the return of measles and scarlatina. The above relates to the annual type of periodical phenomena. The diurnal type is postponed for a time.

2d. Phenomena, of which the manifestations are confined to an epoch of life. Here are examined all the phenomena which human organism presents, in its successive developments, from its first formation in the egg to death. We have, for example, to examine the developments of each organ, at each period of life, intra and extra uterine, the ages at which the different phases of dentition and puberty take place. The field is immense, but if observations were complete, made on a sufficient number of individuals and in different localities, we should be in a condition to fix the proper period at which each epoch ought to take place—we should be able, thus to speak, to ascertain "l'homme moyen" (the medium man), at every age, and we could appreciate the differences which exist amongst different nations and those which are produced by different localities and other accessory circumstances. It is, in fact, an essential complement to the knowledge of human organism, to know the

period at which the phenomena, in the course of development, take place; for instance, dentition, &c. &c.

An isolated savan cannot collect a sufficient number of observations, under circumstances sufficiently varied. To cite some examples: we know the most prominent differences, in the exterior form of different races, also the differences of the cranium, and partly those of the brain; but the differences which may exist in other organs are unknown to us.

We know not what are the characteristic differences of the several nations of Europe. We know that the organs do not all develop themselves in the same proportions, that one is well developed when the other only begins to form. But we do not possess data sufficiently precise and numerous for this subject. We know that several organs have, amongst themselves, such sympathy that the development of one being prevented, that of the other is arrested. Thus, such a relation exists between the testes and the development of the beard and larynx. Other organs may have a like relation, but we do not know it, because it is not presented to our eyes, having for its object internal organs, of which the precise date of their development has been neglected, &c. &c. Healthy subjects should be taken.

The principal organs which should be the objects of research:

I. Measure all the organs at all the epochs of life, as well fetal as extra-uterine. Subjects who have died accidentally should be taken, &c. For the purpose of having a point of comparison, take an account of the dimensions, weight, &c., of the subject. Note the age, sex, habitual occupation, profession, and the cause of death, whether from hemorrhage or not. To establish a comparison between the weight of an organ and that of the body, it should not be forgotten that the variable quantity of fat produces a difference rendering results less exact, &c. Be careful to have the *exact length*, and avoid subjects *too fat*. Having obtained these general data, proceed, by autopsy, to examine the internal organs, &c. The organs should be weighed, immediately after they are prepared, because they lose by evaporation. The principal organs which should engage attention are the brain, lungs, liver, spleen, kidneys, testes, ovaries, heart, salivary glands, pancreas, thyroid gland, thymus, the intestinal canal, le verge (membrane virile), uterus, &c.

The weight of the osseous and muscular systems should also be ascertained (some directions on this head).

II. Dentition.—The exact age at which each tooth appears, should be ascertained. Note the sex, diseases, and whether affected with rickets, scrofula, &c. &c.

III. Puberty.—The age of the female is indicated by the appearance of the menses; of the male, by the development of the genital organs, hair on pubes, beard, voice, involuntary emissions, &c.

IV. The epoch of involution—when the genitals approach the state previous to puberty. It is characterized in females by the cessation of the menses—in males by the absence of "spermatation" (the rules for ascertaining this not satisfactory), or the period when the power of erection ceases.

ASTHMA PRODUCED BY EXCESSIVE VENERY.

[Communicated for the Boston Medical and Surgical Journal.]

MANY cases of asthma have been mentioned within the last year or two as having their origin from ipecacuanha, but I have not seen any reports where abuse of the sexual passion is ascribed as a cause of the complaint.

Mr. S., aged 70, had general dropsy, which was the cause of his death in 1845. He had previously suffered from severe and repeated paroxysms of asthma. The first of these attacks occurred when he was about 30, *when he was actually engaged in sexual intercourse*. Afterwards these fits frequently recurred, and were violent and protracted in proportion to the extent of former extravagances. He was deprived of the venereal desire at the age of 60, and from that time till the period of his death he was *entirely free from the asthma*. He was of the opinion himself that *this excess* was the cause of the disorder.

I have seen another person whose asthmatic paroxysms are rendered more frequent and severe after coition; even moderate excitement of this kind makes him worse. A neighboring physician is acquainted with a similar case.

If it is important to know anything of a disease, it is certainly of great consequence that its *causes* are fully understood. We have recently learned that the fumes or odors of certain drugs produce asthma, and that enlarged uvula has brought on the disorder, &c. I hope physicians will give their attention to the above case, and contribute other evidence to the point in question (if any such evidence exist); for, as I before observed, it is an interesting topic, and great good may result from an investigation. And in conclusion, will it not be profitable to submit the question to your readers and correspondents—"Is excessive venery ever a cause of asthma?"

QUERIST.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 4, 1846.

Cold Water Cure.—"The Green Mountain Spring" is the name of a new periodical, to be published semi-monthly, provided a sufficient number of subscribers is obtained. It is printed at Brattleboro', Vt., and edited by Robert Wesselschæft, M.D., the founder and life of a hydropathic establishment in that town. The first number of this new publication, which we suppose is a sort of sealer, sent out to sound the community in regard to the matter of being washed scientifically in river water, in Vermont, declares that it is to be "*devoted to discussion and information concerning the popular and medical uses of water; to a report of cases of water cure—treatment, and to the nurture and education of children; to diet and health.*" Here is ample ground for tillage, and if Dr. Wesselschæft succeeds, by constant irrigation, to convince the inhabitants of New England

that the great end of life is to be in cold water, he will accomplish a great work. It is curious to notice that every article in this new Journal is burthened with water. The everlasting repetition is tedious to the reader, who soon discovers that this element is to be the remedy for every distemper that seizes upon the human frame, and is to serve on all occasions and under every aspect of disease.

We learn from this paper, that a water-curing institution has been opened at Biloxi, Harrison Co., Mi., between Mobile and New Orleans—terms, 70 dollars a month for patients. A small one was opened, also, at Northampton, Mass., it seems, last season. At New Lebanon Springs, N. Y., another is in its incipient state, for some time under the "occasional direction," says the Green Mountain Spring, of Mr. Sylvester Graham—which "direction," occasional or otherwise, would weaken even a pretty good cause. At Philadelphia, a Dr. Schiefferdecker, and at New York, Dr. Shew, are engaged in the water business; and at Morristown, N. J., Dr. Dexter has commenced operations in hydropathy.

Of the literature of this specimen No. there is not much to be said. It does not do the editor justice, since we are satisfied, from a personal acquaintance, that Dr. Wesselhæft's powers are of a higher order than this paper exhibits. A constant devotion to the one absorbing thought of revolutionizing the public sentiment in regard to the cure of diseases exclusively by cold water, would appear to have debilitated the mind, or at least so diluted the intellect that to some extent the dilution is actually perceptible to an unbiassed reader.

Reciprocal Duties of Professors and Pupils—Dr. Mitchell's Introductory.—On the third of November last, Thos. Mitchell, M.D., of the chair of *Materia Medica, Therapeutics, &c.*, in Transylvania University, gave a lecture, introductory to the annual course of medical instruction, a printed copy of which has been received. Dr. Mitchell admits that the usual lecture term is too short to impart an extended view of any one subject. Thus there is hurrying on the part of the chair, and sometimes impatience in the pupils. The one has not time enough to give full weight and measure, and the other discovers it, but has no redress, since by common consent, in this country, every body and everything must go upon a rail-road speed, or at once be unpopular. One of the subjects that should engage the attention of the proposed medical convention, in May next, if it is convened, should be that of a uniform prolongation of the term of medical lectures. Instead of thirteen weeks or sixteen, four months at each and all the schools would give the faculties more opportunities than they now have for being thorough. Dr. Mitchell perceives what the exact duty of a public teacher is, and this may perhaps account for his popularity at the University. Next, with equal adroitness, he sets forth the obligations of the students, all of which are comprised in two words—attention and decorum. Those who are so regardless of their reputation as to be perpetually violating the rules of good breeding in the lecture room, by exhibitions of vulgar bearing, ought, in our opinion, to be expelled instantaneously. Dr. Mitchell arrives at the same result in milder diction, but we have no hesitation in declaring that order is the first element of success in a medical institution. Punctuality, too, in both students and instructors, must be insisted on by the legal guardians of the

school. Taking the liberty to trench for a single minute on the next professor's hour, introduces utter confusion for the day, and therefore should never be tolerated. The Boston school of medicine is a model in respect to exactness in the lecture hours. At Philadelphia and New York, too, there is punctuality in the business of each department, evincing a growing love of order, which the phrenologists intimate is not precisely characteristic of the people of the United States. Dr. M. remarks—"The late Mr. Dwight, in his very interesting volume of *Travels in the North of Germany*, has recorded an important fact touching the University of Gottingen. May it be the good fortune of some future historian, to made as favorable a record in reference to all the medical schools of this country. 'The lectures,' says the author, 'commence ten minutes after the sound of the clock, and terminate the moment it strikes; the professor detaining the class no longer than to finish his sentence. To a greater delay they would not submit, not even to finish a paragraph, as that might prevent them from reaching the lecture room of some other professor in time; it being considered *indecorous for a student to enter the room after the lecture has commenced.*'" Dr. Mitchell gives excellent advice in morals; enjoins a careful observance of the Sabbath, and closes the dis- course thus. "Be it our constant aim to learn more and still more of the mysteries of our own nature, that we may become more useful in society, and more honorable in our profession."

Liston's Lectures on Surgery.—Such is the rapid multiplication of new works in the various departments of medicine, that no one individual could possibly keep pace with them, were he obliged to read the whole in the order of their appearance. Fortunately, there is a diversity of tastes, as well as subdivisions of the various departments, which affords an opportunity for each one to gratify his own predominant passion in study. All cannot be operators, nor all perfectly qualified for the various responsibilities of the surgeon, the physician, or the oculist. Therefore each has his favorite pursuit, and the never-tiring press of our various publishing houses gives each his most coveted mental food. By this allotment of parts, the whole is kept in an active state of progression, altogether favorable to the future medical reputation of the United States.

Last week we were delighted with the reception, from Lea & Blanchard, of a series of "Lectures on the Operations of Surgery, and on the Diseases and Accidents requiring Operations, by Robert Liston, Esq., with numerous additions by Thomas Mütter, M.D., &c., of Philadelphia." After an examination of the volume, which is conversational in style, and admirable, too, in all respects, we could not refrain from regretting that Dr. Mütter had not commenced and completed the work entirely by himself. He might have produced a book equal to the one to which his name is thus attached. We are beginning to have a feeling of national pride upon this point. Books are continually republished at Philadelphia and New York, which are supposed to be Americanized and fitted to the condition or comprehension of the profession, we hardly know which, by having the name of one of our own countrymen on the title-page. In many cases, this practice is objectionable, as an effort to get a kind of literary reputation which is undeserved. But when a man of sterling merit actually adds facts which enhance the original value of the text he

is endeavoring to improve, then and then only is a second name, with notes and additions, to be tolerated. Dr. Mütter, in this instance, has stitched on, in effect, an additional treatise on surgery, so that in buying Mr. Liston's lectures delivered in 1844, at the University College, London, we have a choice collection also of Philadelphia surgical matter. We should even now be glad to have it in a distinct and separate volume. All who have had the London *Lancet*, have anticipated, as far as Mr. Liston's lectures go, this series. It is all plain and all practically useful information. Illustrations abound, interspersed through the 565 large octavo pages. Altogether, it is a desirable book. Its style, the importance of the subjects discussed, the facts detailed, and the high authority of the lecturer, together with that of his annotator, must exert a beneficial influence on the operative surgical practice of the whole country. Copies are on sale at Messrs. Ticknor & Co.'s, Boston.

Medical Students in Kentucky.—One is led to fear that the profession will be overstocked in the Middle States, at the present rate of graduating candidates for medical practice. Besides the flourishing and excellent school at Lexington, that at Louisville is becoming leviathan in point of numbers. During the late lecture term, ninety-eight of the students at this school belonged to Kentucky; ninety-one were from Tennessee; fifty-four from Mississippi; thirty-five from Alabama; nineteen from Missouri; sixteen from Indiana; eight from Virginia; four from Ohio; four from Arkansas; four from Georgia; three from Louisiana; three from Iowa; two from Texas; one from Pennsylvania; one from Illinois; one from Connecticut, and one from Prussia.

One gratifying reflection in regard to this multiplication of medical laborers is, that they must be well taught in order to pass the necessary ordeal. The people will have good practitioners at the South, although, in the end, there may be too many of them. Splendid additions to the cabinets are constantly being made, which give those who pursue the study of medicine and surgery at Louisville, extraordinary facilities for acquiring an accurate knowledge of an arduous profession.

Club Feet.—Not many days ago, we saw, with Dr. Brown, of Boston, the orthopedic operator, a little bright-eyed boy, of fine form and light step, who, not two months before, was so badly club-footed that he must have walked on the instep instead of the bottom of the foot. Dr. Brown exhibited a plaster cast of his patient's actual condition when he came to the institution, which was painful to look upon. No one would have surmised that the little fellow had been the distorted creature these truth-telling models represented, from his present activity and well-shapen pedal extremities, advantageously set off in a good fitting pair of boots.

Many object to this modern tendon-cutting surgery, and, perhaps, with valid reasons in some cases; but the transformation of this boy, from deformity to beauty, is the kind of argument that convinces the understanding; and we permitted the happy child to skip out of the room, proud of a city that had the facilities and the skill for achieving such a triumph for humanity.

New and Delicate Medicines.—Mr. Burnett, Tremont Row, Boston, has just received an assortment of chemical preparations which are well deserving the attention of practitioners. Their delicacy and the neatness of the packages, to say nothing of their utility, are worthy the close examination of druggists and others. Valerianate of quinine, daturine, solanine, hyoscyanine, atropia, veratria, &c., are among the number which he has recently imported. He has also the fluid extract of senna, prepared by a London chemist, purposely for his establishment, and far superior to the infusion of the Pharmacopœias. Most of the concentrated preparations of this drug, owe their efficiency to the scammony, jalap, and other active purgatives which are introduced. This is unquestionably what it purports to be, a preparation of the very best quality of Alexandria senna, and nothing else.

Vaccinating Instruments.—Among the improvements of the day, Mr. Burnett has brought to notice, within a few days, a new instrument for vaccinating, or rather one which is new to us. It is, essentially, like a saddler's needle, with an awl-shaped point. When laid upon the table, the handle, being round, keeps the sharp edge from touching. Lancets are frequently ruined by losing their points in the simple act of laying them down before there is time for recasing them. It strikes us that Mr. Burnett's instrument is destined to supersede all other contrivances for the operation of vaccination. Whoever uses it once, will acknowledge its superiority, at least.

A Knave in the Medical Ranks.—Some time ago, the circumstance was mentioned of the cowardly annoyances made upon us through the post office, by an anonymous letter-writer, who was ferreted out quite singularly. We were sorry for it, preferring to be in ignorance of such a mean spirit—especially as he was enjoying our personal respect before. He has since vented his vulgar spleen upon Dr. Leonard, of Lime Rock, R. I., the author of an article, in the Journal, on Homœopathy. Whenever any one dares to express himself freely upon that subject, it stirs up the deep pool of envy, hatred and wrath, in "*One of the Profession*," as he styles himself. Not content with shamefully insulting Dr. Leonard, in a letter, by mail, he resorted to slander in a N. B., by saying, "Dr. Bigelow has adopted the homœopathic treatment—what do you think of that?" This assassin may yet involve himself in difficulties of a formidable character by pursuing the course he has adopted. He cannot avoid being entangled in his own net.

"Give me an open foe,
Instead of a cut throat in the dark."

Honor to Bichat.—According to a late number of the New York *Courier des Etats Unis*, says Dr. Tabor, the remains of this celebrated physiologist and medical writer, after having reposed for forty-three years in the old St. Catherine cemetery, have been transposed, with great pomp, to *Pere la Chaise*. The pious ceremony, however, was marked by a curious incident. On exhuming the remains, the skeleton was found without the

head. The grave diggers thought they had mistaken the bones of some decapitated malefactor for those of the celebrated professor! but this circumstance, on the contrary, did but establish the authenticity of the skeleton. The following was revealed. When Bichat died, his loss caused professor Roux, his intimate friend and companion in labor, very severe grief. Wishing to have constantly by him, some souvenir of his friend, M. Roux cut off his head. We will say, *en passant*, that this head was some years after presented to the Phrenological Society, which pronounced it that of an idiot! The famous Spurzheim pronounced the same opinion upon Laplace's head. However, a deputation having besought M. Roux to profit the occasion in relinquishing the head of Bichat, he at first refused, but finally consented, and the body was re-interred entire. Furthermore, M. Roux is not the only one who has conceived the idea of thus preserving a material relic of a dear friend. When the famous Broussais died, his son cut off the head, and he keeps it in his study.

Insanity in a Criminal Case.—Not long since, a Dr. Baker was executed in Kentucky, for murder. Dr. W. H. Richardson, of the Medical Institution at Lexington, says the Post, is familiar with the phenomena of insanity, and declares that Dr. Baker was insane. Bates, the murdered man, left the sum of \$10,000 to procure the conviction of Baker, says the same paper, which, take it all in all, was a curious instance of revenge. The Louisville Democrat, in reviewing a pamphlet of 150 pages, containing the evidence on the trial, comes to the decided conclusion that the hanging of Dr. Baker was a judicial murder.

Death of Medical Men in Boston.—With a pretty strong medical corps in proportion to the population, we recollect of but one death of a physician in the city during a period of nearly a year. That individual's decease was chronicled last week. Notwithstanding the harmony of the profession and their admirable social organization, it was remarked that only four of his medical brethren were at the funeral. It should have been otherwise. All other associations pay a more strongly-marked expression of respect to the memory of their departed members.

Geneva Medical College.—A catalogue of this institution is lying on our table, giving the information that the College is exceedingly prosperous. One hundred and seventy-eight students must have filled the rooms. The faculty are workers—which is invariably discovered even by those who dislike labor themselves—and that explains the secret of such increasing success at Geneva.

In addition to former collections, the private museum of Drs. Rogers and Francis, of New York, has been added. An extensive and choice variety of important specimens belonging to Dr. Carr, of Canandaigua, has exceedingly enriched the advantages of this thrifty school of medicine.

Measles Epidemic in Montreal.—The measles have been epidemic in this city to an unusual extent, during the last two months. There are very few families indeed in the city which have escaped the visitation. It

appears to have been attended in some instances with a striking peculiarity, —the same individual in a family having been attacked a second time, within the period of a few weeks, the disease going through its premonitory and eruptive stages with most marked regularity. This appears to us to be a rather anomalous feature in the history of this disease, and one which seems to us to be well worth recording. Irritation of the mucous membrane of the large intestines, amounting almost to dysentery, has been not unfrequently observed, while the ordinary sequelæ have been frequent. One hundred and thirty-seven deaths from it have been recorded during the month of December, and 37 during the last three weeks of November. This mortality appears to have principally occurred among the lower orders; and may, irrespective of the injurious influence of crowded rooms, want of ventilation, and a poor diet, be chiefly attributed to the baneful practice, which is common with this class, of exhibiting during the precursory stage, which is one of general constitutional irritation, if not excitement to say the least of it, hot stimulating drinks of a spirituous nature. It is a practice which cannot be too strongly reprobated. The cases which have fallen early under medical care, have, as a general rule, terminated very favorably. A few scattered cases of scarlatina and smallpox have been witnessed, but the chief cause of sickness has been the measles.—*British American Journal of Medical and Physical Science.*

Medical Miscellany.—Dr. Kerr has been elected Mayor of Pittsburg, Penn.—The Commonwealth of Massachusetts paid, in 1845, for the support of paupers from Ireland and England, \$2,973.—Eruptive diseases are said to be exceedingly prevalent at the North the present winter.—The medical class at Lexington, Ky., is represented to be larger than that of last season: between 60 and 70 are candidates for medical graduation.—A second volume of Velpeau's surgery is nearly ready in New York.—Dr. Waters Smith goes out, in the U. S. Frigate Cumberland, Fleet Surgeon of the African Squadron, and Drs. R. J. Maxwell and W. S. Bishop, Assistant Surgeons.—The average number of sick at Corpus Christi, in the army, from bad weather, bad water, and exposure, has been about 300 out of 4000 men. Deaths, for nearly the same time, not far from 30, and as many more from accidents of the service, such as explosions and casualties.

MARRIED.—At Kingston, N. H., Dr. Geo. W. Sanborn, of East Kingston, to Miss S. Badger.

DIED.—At Palmer, Mass., Emery Thayer, M.D., 26.—At Fayetteville, Pa., Dr. R. M. French, P. M. of the place, killed by being thrown from a sleigh while on a professional visit.

Number of deaths in Boston, for the week ending Jan. 31, 47.—Males 27, females 20. Stillborn, 3. Of consumption, 5—smallpox, 4—croup, 2—old age, 1—hooping cough, 1—throat distemper, 2— inflammation of the lungs, 3—quincy, 1—paralysis, 3—tumor, 1— inflammation of the brain, 1—nervæ, 1— inflammation of the bowels, 2—brain fever, 1—scarlet fever, 3—lung fever 3—cancer, 1—scald, 1— disease of the brain, 2—disease of the heart, 1—accidental, 1—child-bed, 1—cholera infantum, 1— marasmus, 1—infantile, 2—disease of the liver, 1—drowned, 1.
Under 5 years, 20—between 5 and 20 years, 5—between 20 and 60 years, 15—over 60 years, 6.

Strychnia in Paralysis.—An interesting case of paralysis occurred under our observation, a few months since, in which strychnia was given with apparent success; we say apparent, because we know how often the relief which ensues upon the use of a remedy is falsely attributed to the operation of the remedy. The subject of our case was a woman of color, about 55 years of age, whose health for the greater part of her life had been indifferent. For many years she suffered with dysmenorrhœa, attended with obstinate constipation, and the usual constitutional disturbance. About the middle of August, while in her ordinary health, except some lameness in her left leg which was thought to arise from a rheumatic affection, she was suddenly seized with paralysis of the left leg and arm, and, as she was standing on the side of a bed at the time adjusting the mosquito-bar, fell prostrate upon the floor. She was not insensible, however, and was even able to rise and sit on a chair; but, attempting to walk half an hour afterwards, she again fell, and experienced, then, a total loss of power in the leg and arm. She was bled, under the impression that the attack was of an apoplectic character, but we are inclined to think that she derived no benefit from the bleeding, although there was no evidence that it was injurious to her.

Cathartic medicines having been given for a few days, she was put upon strychnia, in doses of the sixteenth of a grain, three times daily, and this course was kept up until she had taken six grains. Before she had finished the first vial, containing three grains of the article, she began to recover the use of her arm, the improvement in it being very manifest from day to day. With the strychnia, during the last three weeks of her confinement, she took five grains of the precipitated carbonate of iron three times a day. At the end of six weeks she was able to walk about her room, and has been now for nearly two months about as active as she was before this attack. It is impossible to say that she was relieved by the strychnia, but the case is deemed one of sufficient interest to be placed on record. Certain it is, that it was a highly unpromising one, the age and previous health of the patient being considered.—*Western Journal of Medicine and Surgery.*

The Brocchieri Styptic.—Prof. Mott, of New York, in a late clinical lecture, thus alluded to this article, and its discoverer M. Brocchieri.

"I knew M. Brocchieri when I was in Paris; he is an uneducated man, and a perfect charlatan. When his discovery was made known in Paris, it created some stir; and I made several experiments with it, in connection with several other gentlemen, one of whom was engaged in the preparation of the water. The subjects of the experiments were strong and healthy sheep, upon whose carotids we operated, and we found that its power to stop hemorrhage was next to nothing, and where the bleeding was arrested it was principally from the pressure made by the large quantities of lint, with which the wound was filled. Therefore, I say, as the result of my experience, that the styptic powers of this preparation are not to be relied upon, for a moment: that it is infinitely less useful than an infusion of rhatany, or tannin, and that it can never take the place of needles and ligature.

The other qualities that have been ascribed to it, of curing disease, and arresting hæmoptysis, are equally non-existent.—*New York Medical and Surgical Reporter.*